

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

17CV 2757

SIMON BERMANPlaintiff,

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Correction Officer Perez, Captain Williams, Badge #820,
Brian Weise, Badge #18492, Christopher Wong,
Badge #9417, Officer Bobbitt, Badge #17652,
Officer Wallace, Badge #18085, Officer Jones,
Badge #13756, John Doe #1 and John Doe #2Defendants

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

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COMPLAINT PM 3:23

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name SIMON BERMAN
ID # 15-A-1335
Current Institution Great Meadow Correctional Facility
Address P.O. Box 51
Comstock, New York 12821-0051

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Correction Officer Perez Shield # _____
Where Currently Employed Manhattan Detention Complex (Tombs)
Address 125 White St.
New York, N.Y. 10013

Defendant No. 2 Name CAPTAIN WILLIAMS Shield # 820
 Where Currently Employed MANHATTAN DETENTION COMPLEX (TOMBS)
 Address 125 White St.
New York, N.Y. 10013

Defendant No. 3 Name BRIAN WEISE Shield # 18492
 Where Currently Employed MANHATTAN DETENTION COMPLEX (TOMBS)
 Address 125 White St.
New York, N.Y. 10013

Defendant No. 4 Name CHRISTOPHER WONG Shield # 9417
 Where Currently Employed MANHATTAN DETENTION COMPLEX (TOMBS)
 Address 125 White St.
New York, N.Y. 10013

Defendant No. 5 Name OFFICER BOBBITT Shield # 17652
 Where Currently Employed MANHATTAN DETENTION COMPLEX (TOMBS)
 Address 125 White St.
New York, N.Y. 10013

(see Page 2 A for other
 defendants)

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
1) MANHATTAN DETENTION COMPLEX OR MDC, ALSO KNOWN AS THE TOMBS
2) COURT PART OF MANHATTAN HOUSE BUILDING
- B. Where in the institution did the events giving rise to your claim(s) occur?
ON 4-16-14 (OFFICER PEREZ), AN INCIDENT OCCURRED IN THE INTAKE BULL PEN. ON 4-17-14
(ALL DEFENDANTS) IN THE ELEVATOR AND IN SHOWER/SEARCH AREA AND IN THE CLINIC TRIAGE ROOM
ON ~~4-16-14~~ 6-9-14 (JOHN DOE #1+2), IN COURT PART OF MANHATTAN HOUSE BUILDING
- C. What date and approximate time did the events giving rise to your claim(s) occur?
ON 4-16-14 AT APPROXIMATELY 1:30 PM
ON 4-17-14 IN ELEVATOR AT APPROX. 12 PM AND IN SHOWER/SEARCH AREA AT APPROX
12:15 PM. ON 6-9-14 AT APPROXIMATELY 12 PM AND AGAIN AT 6 PM

Defendant No. 6 Name: Officer Wallace Shield # 18085
Where Currently Employed: Manhattan Detention Complex (Tombs)
Address: 125 White st.
New York, N.Y. 10013

Defendant No. 7 Name: Officer Jones Shield # 13756
Where Currently Employed: Manhattan Detention Complex (Tombs)
Address: 125 White st.
New York, N.Y. 10013

Defendant No. 8 Name: John Doe #1 Shield #
Where Currently Employed: Manhattan Detention Complex (Tombs)
Address: 125 White st
New York, N.Y. 10013

Defendant No. 9 Name: John Doe #2 Shield #
Where Currently Employed: Manhattan Detention Complex (Tombs)
Address: 125 White st.
New York, N.Y. 10013

D. Facts: On 4/16/14 I was in the Manhattan Detention Center Intake Pen when C.O. Perez and other unknown officers came in and punched me, kicked me, choked me and banged my head against the wall. I was not provided with medical attention. On 4/17/14, Capt. Williams, Brian Weise, Christopher Wang, Officer Bobbitt, Officer Wallace and Officer Jones came to my housing area (either 6N, 6S, 7N or 7S) to pack me up and escort me to the box (solitary housing unit). During the elevator ride downstairs officers used racial slurs against me because I was carrying my special holiday kushmeritz with me. When I arrived at the intake search area I was stripped down to my underwear and assaulted. I was punched, kicked, choked and my head was banged against the wall, and I was also sprayed with a chemical agent. I was taken to the clinic triage area to see the doctor, and about 1/2 hour after being assaulted the first time, I was dragged back to the intake search area and assaulted again, but this time on top of being punched and kicked, officers attempted to anally rape me by trying to shove a wooden stick in my rectum. C.O. Perez was involved in this incident, and I was not provided with any medical attention. On 6-9-14 I was in the Manhattan Court Building when officers punched me, smacked me, kicked me and banged my head on the floor, dragged me into a court waiting pen and left me for over 6 hours without feeding me, and I never saw a lawyer or judge. A female captain sexually assaulted me by squeezing my penis and scrotum while other officers assaulted me. At 6 PM, I was assaulted again, dragged on the bus and left handcuffed all the way back to Manhattan Detention Complex. I never got medical attention.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Damage to my left knee, prolonged and continued since the incidents. I was brought to the clinic at Manhattan Detention Complex but no treatment was provided, nor was any follow up treatment given at that facility. I continue to seek medical treatment here in state custody and had my knee examined at Albany Medical Center on Sept. 30, 2016. This MRI was referred by David Karandy MD to Multi Diagnostic Services Inc on January 10, 2017. It was an MRI L knee w/o contrast, interpreted by Clifford D. Barker M.D. on 1-13-17 at 17:00 PM. Have headaches all the time, my left foot has pain, and have scars on left foot, knee, forearm, wrist and right arm and hand. My shoulders and neck hurt also requiring constant painkillers.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Manhattan Detention Complex (Tombs) or MDC AND COURT
Part of Manhattan House Building.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: The
Grievance Procedures for the NYC Dept. of Corrections does not
allow filing a Grievance in Assault cases.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: I filed CLAIM No. 2014PI021286
with the City of New York, Office of the Comptroller, CLAIMS AND
ADJUDICATIONS, who acknowledged claim on July 7, 2014

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I AM seeking \$300,000 Jointly from the
defendants for the Physical Pain AND suffering they caused during these
Multiple incidents of Physical AND sexual Assaults (compensatory Damages)
I AM Also seeking Punitive Damages of \$50,000 each from every defendant.
FINALLY, I AM seeking \$500,000 for future loss of employment and for
decreased AND Weakened use of my left leg related to the damage of my knee.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ✓

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes _____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8 day of April, 2017

Signature of Plaintiff

Sim Berra

Inmate Number

15-A-1335

Institution Address

Grant Meadow Correctional Facility

P.O. Box 51

Comstock, New York 12821-0051

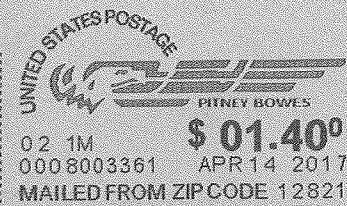
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 8th day of April, 2017, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

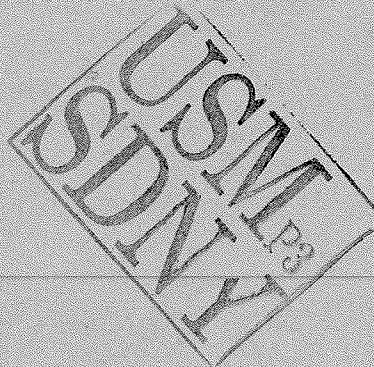
Sim Berra

SIMON BERMAN 15-A-1525
GREAT MEADOW CORR. FACILITY
P.O. BOX 51
COMSTOCK, NY 12821-0051



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
DANIEL PATRICK MOYNIHAN UNITED STATES COURTHOUSE
500 PEARL STREET, ROOM 230
NEW YORK, NEW YORK 10007

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